



SEMINOLE COUNTY COMMERCIAL PERMIT APPLICATION

Job Address Street: _____ Date: _____
City: _____ Zip Code: _____
Name of Building, Shopping Center, Business: _____

Owner Name: _____ Contractor: _____
Address: _____ Address: _____
City/St/Zip: _____ City/St/Zip: _____
Phone#: _____ Fax#: _____ Phone#: _____ Fax#: _____
Contact Person: _____ License Holder's Name: _____
Daytime Phone: _____ State Reg./Cert #: _____

* Attach proof of ownership: Tax Record from Seminole Co. Property Appraiser's Office, Tax Receipt, or Deed, ect. *
Parcel#: _____

OCCUPANCY CLASSIFICATION

SBCCI: _____ Life Safty Code: _____
Valuation of Work: \$ _____ Total Sq. Ft: _____ Total Sq. Ft. of Cond. Space: _____
Type of Construction Per SBCCI: _____ Automatic Fire Sprinklers: ___ Yes ___ No
Existing Use: _____ Proposed Use: _____ Other: _____
Description of Work Being Done: _____

WORK DESCRIPTION

New Construction . [] Plumbing [] Roof [] Demolish []
Alteration [] Electrical [] Well [] Change of Use ... []
Addition [] Mechanical..... [] Move [] Security Alarm ... []
Sign [] Fire Alarm [] Fire Sprinkler .. [] Other []
Will Trees be Removed: Yes [] No [] If Yes Complete Arbor Permit.

UTILITIES

Septic Tank [] Well [] Public Water..... [] Public Sewer..... []
Existing Well..... [] Utility Letter (Include utility letter from appropriate agency) []

SUBCONTRACTORS

	Seminole County Occupational Lic #	State of Florida License # Reg/Cert	Card Holder's Name
Elect.	_____	_____	_____
Mech.	_____	_____	_____
Plumb.	_____	_____	_____
Roof	_____	_____	_____
Other	_____	_____	_____

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the permanence or construction.

Signature of Contractor Date Signature of Owner Date

COMMERCIAL WORKSHEET
ELECTRIC

Electric Company	Florida Power Corp. []	Florida Power & Light []
Service Size	Old Amps. _____ Volts _____	Phase 1 ph _____ Phase 3 ph _____
:	New Amps. _____ Volts _____	Phase 1 ph _____ Phase 3 ph _____

ITEMS	UNITS	OTHER APPLIANCES	UNITS
Outlets & Switches (each)	_____	Number of Kilowatts	_____
Lighting Fixtures	_____	Other Appliances	_____
Outlets (Window A/C)	_____	(Water Heater), (Dryer), (Cook Top)	
Continuos Receptacle Strip		(Dish Washer), (Electric Range)	
Per Outlet	_____	CIRCLE AND TOTAL UNITS	_____

SERVICE		(X-Ray), (Dental Units), (Oil Burner Units)	
Number of Amperes	_____	CIRCLE AND TOTAL UNITS	_____
Each Sub Feed Panel	_____		
Temporary Pole	_____	Exhaust Fans Under 1/4 HP	_____
		Exhaust Fans 1/4 to 1 HP	_____
		Attic/Paddle Fans	_____

MOTORS & GENERATOR	
Horse Power List HP	_____

GENERATOR TYPE	ELECTRIC WELDER
Time Switch	Transformer Type _____
Display Case # of Lights	Up To and Including 50 Amps _____
	Over 50 Amps _____

SIGNS	POWER TRANSFORMERS
Sign Outlet Per Circuit	List No. Kilowatts (KVA) _____
No. of Sockets	
Neon Transformer or Tubing	List Other and Describe: _____

OTHER ELECTRIC:	
Electric Elevator, Pool, Wiring	_____
Change of Service	_____
Pump Service	_____
CIRCLE AND TOTAL	_____

MECHANICAL: Valuation of Work: \$ _____

PLUMBING: Number of Traps: _____

WELLS
CONSTRUCTION: Shallow Well [] Deep Well [] Abandonment of Well []
Pump/Pumping Equipment Installation []

NOTE: Water System Supplying More Than 25 People, A Construction Permit Through St. John's River Water Management District Must Have Approval Through The Dept. of Environmental Services at State Level.
All wells over 4" in diameter shall have a construction permit and consumptive use permit prior to a permit being issued by the Building Division.

ROOF
Flat/Build Up . [] Wood Shingles/Shakes . [] Asphalt/Fiberglass ... []
Tile [] Slate [] Other _____ []

I hereby certify that at the time of the application and issuance of the above permit, all necessary Workmen's Compensation Insurance required by the state of Florida has been obtained to effect the proper protection of those workers under my employ.

SIGNATURE OF CONTRACTOR	DATE
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